

PATENT

Attorney's Docket No. RA 5618 (3203.01US01)

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**APPARATUS AND METHOD FOR THE SIMULATION OF A LARGE MAIN MEMORY
ADDRESS SPACE GIVEN LIMITED RESOURCES**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____ as ☐ Serial No. o / _____
or ☐ Express Mail No., as Serial No. not yet known _____

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	<u>Title</u>	<u>Registration Number</u>
Kimberly K. Baxter	Attorney	40,504
Jose W. Jimenez	Attorney	31,113
Beth L. McMahon	Attorney	41,987
Charles A. Johnson	Attorney	20,852
Mark T. Starr	Attorney	28,762

DIRECT ALL CORRESPONDENCE TO:

Customer # 27516

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Charles A. Johnson
(651) 635-7702

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor MICHAEL J. RIESCHL

MICHAEL
(GIVEN NAME)

J.
(MIDDLE INITIAL OR NAME)

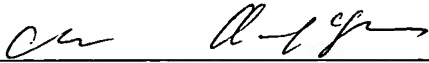
RIESCHL
(FAMILY (OR LAST NAME))

Inventor's signature _____

Date 2/19/04 Country of Citizenship USA

Residence 6810 Cattail Court South, Cottage Grove, MN 55016

Post Office Address 6810 Cattail Court South, Cottage Grove, MN 55016

Full name of second inventor QINGYAN (NMI) CHENQINGYAN
(GIVEN NAME)(NMI)
(MIDDLE INITIAL OR NAME)CHEN
FAMILY (OR LAST NAME)Inventor's signature Date 2-19-04 Country of Citizenship P.R. CHINAResidence 4350 Thornhill Lane, Vadnais Heights, MN 55127Post Office Address 4350 Thornhill Lane, Vadnais Heights, MN 55127Full name of third inventor KURT N. JOHNSONKURT
(GIVEN NAME)N.
(MIDDLE INITIAL OR NAME)JOHNSON
FAMILY (OR LAST NAME)Inventor's signature Date 2-19-2004 Country of Citizenship USAResidence 6837 Point Drive, Edina, MN 55435Post Office Address 6837 Point Drive, Edina, MN 55435Full name of fourth inventor DAVE Q. ANDERSONDAVE
(GIVEN NAME)Q.
(MIDDLE INITIAL OR NAME)ANDERSON
FAMILY (OR LAST NAME)Inventor's signature Date 2-19-04 Country of Citizenship USAResidence 13119 Zion Street, Coon Rapids, MN 55448Post Office Address 13119 Zion Street, Coon Rapids, MN 55448